

have developed, as we have pioneered pharmaceutical developments and come up with all these breakthrough drugs to make our lives healthier and to make our lives longer, you have seen a big source of cost shifting occurring. So if you need surgery, in many cases today you can have a prescription drug that will help you avoid that surgery, except for the fact that Medicare does not pay for that.

So here is what is happening today. Seniors are forced to pay for their own drugs, even though if we were to redesign Medicare today we would obviously have prescription drug coverage as a key component of Medicare. So while Medicare waits until you are sick and then pays for your surgery or your procedure, we could save the government a lot of money and make people much healthier if they had a drug benefit within Medicare to help manage their disease, manage their illness, and prevent chronic illnesses from occurring in the first place. That is what Congress is trying to do today.

Mr. Speaker, now that we all agree, and I think you can safely say, I think, that Democrats and Republicans agree that we need to modernize Medicare, we need to improve it with a prescription drug benefit and make the system comprehensive again, like we tried to do in 1965, and make it comprehensive in such a way that Medicare continues to evolve with the times, so 10 years from now in the year 2012 we are not scratching our heads saying "Gol-darn it, Medicare is only giving people 2002 medicine, and it is 2012 and we need to have the year 2012 medicine." That is a very important point in this debate. We need to set up Medicare so it grows with the times; so it adds new benefits and evolves as health care technology evolves.

Mr. Speaker, where we are in the difference of debate between the two aisles here today, between the two different approaches on the Democrat side of the aisle and the Republican side of the aisle, is this: on the Republican side of the aisle, we recognize that two-thirds of America's seniors already have some kind of drug coverage or another. About a quarter of the seniors in America today already have their drugs paid for by their former employers. It is a part of their retirement benefit. We want to make sure that we are not going to make someone pay for a benefit that they already have.

We also want to make sure that taxpayers, that the government is not going to unnecessarily pay for a benefit that the private sector is already paying for.

That is a different problem with the Democrat plan. Their plan is a universal government monopoly, one-size-fits-all plan. It is a take-it-or-leave-it, one-plan plan, and what the consequence of that will be is it will displace all that private sector-provided health care benefits. All those private sector-provided drug plans will now be displaced and taken up by Medicare and the taxpayers.

The way we look at it is this: if a former employer is paying for the drugs of their retirees, why should the government tell them, do not bother paying for your retiree's retirement benefit because the government and taxpayers are going to pick it up?

What we want to do is this: we want to make sure that everybody on Medicare has access to a comprehensive drug coverage plan, but we do not want to force them into the government plan. We want seniors to have a choice of plans that can fit their need and their benefit. It should be voluntary. If you already have a comprehensive benefit, you do not have to take this plan; and you should be able to get a plan that fits your need.

That is what we accomplish. We have catastrophic coverage for all seniors that kicks in at \$3,800. We have co-insurance on the first \$2,000 of drugs. The one advantage that the Republican plan has that the Democrats do not is that we achieve deep discounts in prices of all drugs for senior citizens.

Mr. Speaker, I urge passage of our plan. I think it is a superior plan. I think it does more to extend the solvency of Medicare, so we can save this program for the baby boomers. The alternative plan on the other side of the aisle actually brings the insolvency of Medicare up earlier, it is irresponsible, it bankrupts Medicare and forces seniors into a one-size-fits-all government plan and displaces private sector involvement in Medicare.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until noon.

Accordingly (at 11 o'clock and 7 minutes a.m.), the House stood in recess until noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. QUINN) at noon.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord God of heaven and earth, with each new day You call us to arise to full stature as we awake from sleep. While asleep we were all held in common, heaving in and out the breath of life and protected in the shadow of Your hand. But now arisen, we approach with individuality and diversity the challenge of life before us.

While asleep, rich and poor alike are restless over selfish cares in a relative world. Now brought together in the light of day, Your people are summoned to reality and called to work together for the common good of all.

May the House of Representatives be blessed in its work today, seeking di-

verse responses to commonly defined problems. Let there be no waste of human effort, of allotted resources or precious commodity of time as the people of this country unite in the alleviation of the suffering of many and in the endeavors of equal justice and equal opportunity for all, now and forever we pray. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. GIBBONS. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GIBBONS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from South Carolina (Mr. WILSON) come forward and lead the House in the Pledge of Allegiance.

Mr. WILSON of South Carolina led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

IMPROVING ACCESS TO PHYSICIANS IN MEDICALLY UNDERSERVED AREAS ACT

(Mr. GIBBONS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, today I rise to support H.R. 4858, the Improving Access to Physicians in Medically Underserved Areas Act introduced by my good friend and colleague, the gentleman from Kansas (Mr. MORAN).

As the representative of the Second District of Nevada, I represent an area of over 100,000 square miles, including every rural community in the State, and I know all too well how difficult it is to recruit doctors and nurses to these areas. One program which has assisted our State in recruiting doctors to Nevada is the J-1 visa program.

H.R. 4858 reauthorizes the J-1 visa program and increases the number of